New Jersey Department of Health and Senior Services
Office of Home and Community Services
Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders
PO Box 807
Trenton, NJ 08625-0807

WAITING LIST APPLICATION

AGENCY INFORMATION	
Name	Telephone Number

CLIENT INFORMATION		
Client Name	Age	Yearly Income
Requested Funding Start Date	Requested Number of Days Per Week	

Marital Status
- ☐ Married
- ☐ Single

Living Arrangement
- ☐ Alone
- ☐ With Spouse
- ☐ With Other Family Member
- ☐ With Other Non-Paid Caregiver

Dementia-Related Diagnosis
- ☐ Alzheimer's
- ☐ SDAT
- ☐ Probable Alzheimer's
- ☐ Multi-Infarct
- ☐ Vascular
- ☐ Parkinson's
- ☐ Other (Specify): _____

Status of ADL's
- ☐ Independent
- ☐ Moderately Independent
- ☐ Moderately Dependent
- ☐ Dependent

Deterioration of Cognitive Abilities
- ☐ Minimal
- ☐ Moderate
- ☐ Severe

CAREGIVER INFORMATION

Relationship to Client:
- ☐ Spouse
- ☐ Son/Daughter
- ☐ Other Relative
- ☐ Friend

Living With Client
- ☐ Yes
- ☐ No

Currently Employed
- ☐ Full Time
- ☐ Part Time
- ☐ Not Employed

Health Status
- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Assistance from Other Family Members
- ☐ Yes
- ☐ No
- ☐ Occasionally